

**APPLICATION TO
AMEND CERTIFICATE OF AUTHORITY FOR HMO/LHSO**

Federal ID No.: _____ NAIC No.: _____ NAIC Group No.: _____

(Name of Company)

incorporated under the laws of the state of _____ located in the
City of _____, State of _____ wishes to amend its
existing Kentucky Certificate of Authority in the following manner:

NAME CHANGE:

(New Name of Company)

REDOMESTICATION:

_____ to _____
(from previous city/state of domestication) (new city/state of domestication)

Effective date of change: _____

Signed by: _____ Date: _____
President, Vice President or Secretary